

Cerro Gordo County

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Community Health Needs Assessment Snapshot

Promote Healthy Behaviors

Problems/Needs:

- 84.8% of Cerro Gordo County respondents identified obesity as the number one health issue affecting the county. Statistics show that 26.9% of Cerro Gordo County adults are obese. The combined adult overweight and obesity percentage is about 63% which is equivalent to the state's.
According to hospital discharge data, Cerro Gordo County's diabetes associated discharge rate is 16.9 for 2008 which is higher than the state's average of 12.4.
- Cerro Gordo County's heart disease mortality for 2008 is 354 per 100,000 which is higher than the state average of 244.1 per 100,000 and Cerro Gordo County's coronary heart disease rate of hospitalization is 102.6 vs. the state's rate of 59.3 per 100,000.
- 60.5% of respondents state that they don't have enough time to be healthier and 55.8% state that they have a lack of motivation; however 56.8 state that having an employee wellness program and 54.5% state that having access to affordable wellness and fitness facilities would help them start or maintain a healthy lifestyle.
- For at least the past 5 years, Cerro Gordo County ranks as one of the top four counties for most alcohol purchased and 65.2% of survey respondents believe binge drinking is the most common risky behavior in the County. Also to note, Cerro Gordo County's chronic liver disease and cirrhosis rate for 2009 is 13.8, higher than the state's rate of 8.5.
- In Cerro Gordo County, breast cancer incidence is and has been higher than the state's for decades. Statistics indicate from 2002-2006, Cerro Gordo County's adjusted rate is 145.4 versus the state's rate of 124 per 100,000. Cerro Gordo County ranks 5th highest in the state for breast cancer incidence.
- Cerro Gordo County's cervical cancer incidence rate is 11.1 per 100,000 versus the state's rate of 7.3 as indicated by 2002-2006 cohort data
- Cerro Gordo County birth rates for mothers under age 20 are steadily increasing. Vital statistics indicate the rate is 96.4 per 1,000 for 2009 which is higher than the state average of 86.9.
- Alzheimer's Disease statistics for 2009 indicate a rate of 57.3 per 100,000 for Cerro Gordo County while the state average is 42.
- According to a regional survey from 2007, 25% of respondents biggest daily struggle is feeling good about themselves, 6% had recently experienced a personal crisis, 6.5% biggest struggle was finding someone to talk to who understands them, and 6% felt worthless or without purpose. 17% of survey respondents indicated they were disabled, with 6% noting their disability was mental health. Statistics show that Cerro Gordo County is a designated mental health care provider shortage area - short 2.
- Iowa Youth Behavior Survey 2008 data indicates Cerro Gordo County's annual percent of current cigarette use for grades 6, 8 and 11 are

1.4%, 10% and 21% respectively. Compared to the state's overall rates of 2%, 7% and 19%, Cerro Gordo County's 8th and 11th graders are higher.

Prevent Injuries

Problems/Needs:

- Since 2006, Cerro Gordo County's rate of child abuse has been higher than the state's rate. Statistics show 28.72 per 100,000 for the County versus a rate of 19.94 for the state. Also, 62.8% of survey respondents indicated that poor parenting is a top social issue facing Cerro Gordo County.
- Domestic abuse in Cerro Gordo County is an issue. County rates have been higher than the state's since 2005. For 2009, the County rate is 236.2 vs. the state rate of 224 per 100,000.
- Cerro Gordo County ranks 14th in the state for 2009 for all unintentional injury deaths. The county rate is 45.9 per 100,000 compared to the state's rate of 42.
- Cerro Gordo County's total injury death rate is higher than the state. Falls are the leading cause of injury death, and the County's rate is higher than the state's.
- Cerro Gordo County is ranked at 17th (tied) for suicides (2009). The county rate is 11.5, whereas the state rank is 12.2. Compared to the state, the County's rank is not higher; however, ranking in the top third of counties for suicide rate is an issue.
- Falls and poisonings are issues in Cerro Gordo County. For adults aged 25 years and older, falls are the leading cause of injury hospitalizations. Statistics show the Cerro Gordo County's adjusted rate for falls from 2002-2006 is 9.0 per 100,000 and the state's rate is 7.5. Poisoning rates are higher for the County than the state at 3.7 and 2.9 per 100,000 respectively. Also for individuals over 65, the hospitalization rate for falls is 554.8.

Protect Against Environmental Hazards

Problems/Needs:

- The safety of drinking water in the County is a concern. In 2010, of private well water tests collected by the Health Department, 25.2% of tests failed due to coli form bacterial contamination with 6.1% failing due to fecal coli form bacteria. In 2009, 29.3% and 8.6% failed respectively. Also, there were 17 retests performed on 14 wells. 6 wells returned with a negative coli form result. Survey respondents indicated that old septic systems were their 3rd highest environmental issue. Also according to the Iowa DNR, there are 13 unpermitted and 2 permitted animal feeding operations and one regulated feed lot in the County. The majority of the County has bedrock & alluvial aquifers at risk which places most drinking wells at risk.
- In 2009, 49% of Cerro Gordo County's radon tests resulted in levels of 4 picocuries per Liter or higher.
- From 2004 through 2007, air quality statistics show there were a total of 6 days where the air quality was unhealthy for sensitive groups and 315 days where the air quality was moderate. This data is limited locally and there is little monitoring actually occurring.

- 87% of homes in the area were built prior to 1979 and 44.1% were built prior to 1950. Older homes lead to health issues associated with the home. According to 2003 birth cohort data, the prevalence of lead poisoning in the County is 5.5%; however, the prevalence in that same age group of Medicaid vs. non-Medicaid covered children is large at 7.1% and 1.9% respectively.
- From 2006 to 2009, data indicates that Cerro Gordo County has an average of 10 Campylobacter cases per year and Salmonella cases range from 4 to 10 per year in the same time frame.

Prevent Epidemics and the Spread of Disease

Problems/Needs:

- There has been a 72% increase in Chlamydia diagnoses in Cerro Gordo County from 2005-2009. The highest prevalence is in those 15-25 years of age which can impact future fertility issues.
- Available child and adult vaccines are not being well-accepted which is resulting in under immunized and unimmunized populations. Statistics show that for 2009, Cerro Gordo County has a pneumonia death rate of 16.1 (state - 20.1), a pneumonia/influenza hospitalization rate of 35.9 (state - 45.7), and a steady increase in pertussis cases from 2006. Also, the percent of children fully immunized by age 24 months has dropped to 89.3% (2008 data). 13-15 year olds vaccine rates in Cerro Gordo County are not all entered into IRIS (75.3%). Additionally the vaccination rates are low with up to date 3-1-2-1-2 coverage (22%), 3Hep B coverage (87%), 1 Meningitis (48%) 2 MMR (74%), 1 Td (3%), 1 Tdap (64%) and two Varicella (31%).
- Cerro Gordo County 13-15 year old HPV vaccination rates are too low. The 3 HPV coverage percent is 33%.

Prepare for, Respond to, and Recover from Public Health Emergencies

Problems/Needs:

- There are not enough responders available and trained to serve in times of disaster. In Cerro Gordo County, 37.2% of survey respondents are not prepared for a disaster. Identified through exercising and real events, additional equipment is needed for responders (e.g., during the H1N1 POD clinic, staff couldn't hear each other on radios; difficult for special needs clientele to physically maneuver POD clinic; and during the flood, the call center could not keep up with new information). Solutions for these include purchasing handheld radios with ear pieces, wheelchairs and walkers, and smart boards.
- Cerro Gordo County staff and responders need to practice/exercise for incidents or events other than POD clinics and need to receive reimbursement for doing so. POD exercising has been repeated for multiple years through the Iowa Department of Public Health's Public Health Emergency Preparedness funding.

Strengthen the Public Health Infrastructure

Problems/Needs:

- Access to mental health care is an issue in Cerro Gordo County and throughout the Catchment region. The County is a designated mental health care provider shortage area.
- From a regional survey completed in 2010, education regarding health issues is lacking. 77.7% indicated they needed education to increase participation in physical activities and exercise programs, 70.9% needed education to improve nutrition and eating habits and 67.3% felt there was a need to educate residents on health care issues & services.
- In 2008, 33% of the public school children were eligible for free or reduced lunches, 37.9% of children ages 0-4 receive WIC services and about 45% of children less than age 20 are on Medicaid.
- There is not enough funding at the local level to provide mandated and other needed services. Due to budget issues (i.e. fewer state dollars, less tax funding, etc), 9% of staff were lost and not replaced after reorganization in 2010.

Community Health Improvement Plan

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|--|--|---|------------------|
| Decrease the prevalence of overweight and/or obese categorized adults by 1% and decrease the obese categorized adults by 1%. BASELINE: 63% of Cerro Gordo County adults are considered overweight and/or obese. 26.9% of Cerro Gordo County adults are considered obese. | Motivate the Community Wellness Committee to continue to serve in a guiding capacity for the County. | CGCDPH | Ongoing |
| | Agencies will collaborate to speak with one voice regarding incorporating healthy physical activity, nutrition and fitness into lifestyle behaviors. | CGCDPH, Parks & Recreation Depts., American Heart Association, American Cancer Society, NICA, Farmer's Markets & others | Ongoing |
| | Make a dietician or nutritionist available for consultation at little or no cost to the public. | CGCDPH | Winter 2012 |
| | Promote and aid in implementing employee wellness programs. | CGCDPH | Fall 2011 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|---|---|---|------------------|
| Reduce Cerro Gordo's chronic disease rates - heart disease mortality rate by 5% and diabetes associated discharge rate by 2%. BASELINE: 2008 data indicates Cerro Gordo's heart disease mortality rate is 354 per 100,000 and the diabetes discharge rate is 16.9. | Establish senior adult exercise, nutrition and risk factor intervention programming | CGCDPH, Elderbridge | Winter 2012 |
| | Establish a relationship with area medical providers for a physical activity prescription program. | CGCDPH | Fall 2011 |
| | Agencies will collaborate to speak with one voice regarding cardiovascular health and will develop an annual marketing campaign to address. | CGCDPH, American Heart Association, YMCA, | Ongoing |
| | Establish a Community Wellness Calendar highlighting physical activity, healthy food & wellness events, venues and amenities | CGCDPH & Coalition members | Spring 2012 |
| | Offer tobacco cessation programming. | CGCDPH, American Cancer Society | Spring 2012 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|---|--|--|------------------|
| Create a system to provide comprehensive cancer screening access for all citizens of Cerro Gordo County and ensure case management when needed. BASELINE: services are fragmented as to type of cancer screened and population served. | Promote available services for breast and cervical cancer. | CGCDPH, American Cancer Society, NICAQ, | Fall 2011 |
| | Locate funding to develop a colorectal and/or prostate cancer early detection program. | CGCDPH | Spring 2012 |
| | Partner to provide comprehensive services. | Mercy Medical Center, other health care providers, American Cancer Society, CGCDPH | Spring 2012 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|--|------------|---------------------|------------------|
| Stop the trend of increasing teen birth rates. BASELINE: Vital statistics indicate the County rate is 96.4 per 1,000 for 2009. | | | |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|---|---|---|------------------|
| Attain a rank of 5th or higher for Cerro Gordo County in alcohol sales. BASELINE: for 5 years Cerro Gordo County has ranked in the top four counties. | Aid schools and workplaces to assist those struggling with alcohol use and addiction. | Mason City Youth Task Force, local law enforcement, CGCDPH, Prairie Ridge, Francis Lauer Youth Services, United Way of North Central Iowa | Summer 2013 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|---|---|---|------------------|
| Decrease Cerro Gordo County's mental health provider shortage designation by 1 provider. BASELINE: Designated as short two providers. | Determine mental health programming needs in light of the Health Care Reform Act. | Prairie Ridge, Mental Health Center of North Iowa, CGCDPH | Spring 2012 |
| | Locate funding sources to incentivize mental health care providers to locate to Cerro Gordo County. | Prairie Ridge, Mental Health Center of North Iowa, CGCDPH, United Way | Spring 2012 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|--|---|--|------------------|
| Decrease Cerro Gordo County's unintentional injury death rate by 5% overall and the over 65 years of age hospitalization due to falls rate by 5%. BASELINE: death rate is 45.9 per 100,000 and fall rate is 554.8 per 100,000. | Utilize evidence based programming for senior citizens' education. This will address the prevention, reduction of trips and falls through balance and exercise programs. | Elderbridge, CGCDPH, Senior Citizen Centers. | Spring 2013 |
| | Develop & implement programming focused on unintentional injuries in the healthy homes/environment program to deliver. | CGCDPH | Fall 2011 |
| | Research & utilize established programming for all ages that addresses trips & falls, medication errors, accidental poisonings, motor vehicle accidents and other unintentional injury risks. | CGCDPH | Fall 2012 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|--|--|------------------------------------|------------------|
| Over the next 5 years, decrease the private water coliform test failure rate by 5% and fecal coliform failure rate by 1% overall. Also, increase retested 'negative' wells by 5%. BASELINE: 2010 records indicate 25.2% of coli form tests failed, 6.1% of fecal tests failed and 6 out of 14 (~42.9%)wells were negative for bacteria after an initial failure. | Work with homeowners to install updated septic systems. This includes finding resources for updates, contractor partnering and education for the homeowner. | CGCDPH | Ongoing |
| | Integrate available GIS mapping for a comprehensive view of Cerro Gordo County water. Layers will include aquifers, confined animal feeding operations, failed water tests for various constituents, agricultural drainage wells, sinkholes and other variables. | CGCDPH, Dept. of Natural Resources | Spring 2012 |
| | Locate other funding sources to test wells for contaminants and aid in plugging wells, as Grants to Counties funding is extremely limited. | CGCDPH | Spring 2013 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|---|--|---------------------|------------------|
| Decrease Cerro Gordo County's percent of tests that are at 4 picocuries per liter (pCi/L) or higher by 2% over the next five years. BASELINE: In 2009, 49% of returned tests resulted in levels of 4 pCi/L. | Educate the construction community in installation of passive radon system during initial construction. | CGCDPH | Fall 2013 |
| | Locate funding sources to provide short term radon test kits to residents along with service to place, pick up and mail kits. | CGCDPH | Fall 2012 |
| | Work with the Building Trades program at NIACC & North Iowa Builders Exchange to educate students regarding radon issues in this area. | CGCDPH, NIACC | Ongoing |
| | Draft a policy for radon resistant construction in Cerro Gordo County | CGCDPH | Spring 2012 |
| | Educate homeowners on installation of radon mitigation systems & encourage installment. | CGCDPH | Fall 2011 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|--|--|---------------------|------------------|
| Reduce the 'unhealthy for sensitive groups' and 'moderate' air quality combined days by 3%. BASELINE: The days in these combined categories equal 21.9% of total days. | Create and implement a local air quality monitoring program. | CGCDPH | Spring 2014 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|---|--|---------------------|------------------|
| Reduce the prevalence of lead poisoning among Medicaid children age 6 or younger by 3%. BASELINE: 2003 birth cohort data shows the prevalence of lead poisoning for Medicaid children is at 7.1%. | Continue to provide services through the IDPH CLPPP. | CGCDPH | Ongoing |
| | Expand healthy homes/environment services to other venues and populations. | CGCDPH | Ongoing |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|---|--|---|------------------|
| Increase the percent of children fully immunized by 24 months of age to 95%. BASELINE: 2008 data shows a rate of 89.3%. | Create a marketing plan for the childhood immunization program. | CGCDPH | Spring 2012 |
| | Educate daycares, childcare centers, new parents and other stakeholders as to the importance in vaccinations | CGCDPH, NICAIO | Spring 2012 |
| | Partner with Family Connections to ensure accurate vaccination information is given to each new mother | CGCDPH, Mercy Medical Center-North Iowa, NICAIO | Fall 2011 |
| | Offer parents appropriate immunizations at the time their children are receiving them | CGCDPH | Fall 2011 |
| | Offer vaccines at appropriate times and places for children | CGCDPH | Fall 2011 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|--|--|-----------------------------------|------------------|
| Decrease the STD rate by 5%. BASELINE: 2009 data indicates a rate of 338 per 100,000 for Cerro Gordo County. | Screen and educate young adults (age 15-25) for STDs, particularly, Chlamydia. | NICAIO, medical providers, CGCDPH | Fall 2011 |
| | Provide education in the schools regarding teen pregnancy and sexually transmitted diseases. | CGCDPH, school districts | Spring 2012 |
| | Develop a sexual health and teen pregnancy prevention consumer awareness campaign by researching and using other effective available messages. | CGCDPH, NICAIO | Spring 2012 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|---|---|---------------------|------------------|
| Increase the Cerro Gordo County Department of Public Health's ability to respond to disaster by increasing the number of formal chain-of-commands for individual services sections by 7 and by increasing the number of external agency Memorandums of Understanding (MOUs) by 5. BASELINE: Currently the Department has 53 external agency Memorandums of Understanding & no formal chain of command for service sections. | Contact important partner agencies, draft MOUs and obtain signatures. | CGCDPH | Fall 2011 |
| | Formalize each service section's chain-of-command & educate staff as to its information and how it fits into the Department chain-of-command. | CGCDPH | Fall 2011 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|---|---|---|------------------|
| Reduce youth cigarette use percentages by 1% each for 8th and 11th graders and aid in the reduction of adult cigarette prevalence by 1%. BASELINE: 10% of 8th graders and 21% of 11th graders report cigarette use and the prevalence of adult cigarette use is 14% statewide (2008 Adult & Youth Tobacco Survey data). | Develop a comprehensive tobacco prevention and cessation program. | CGCDPH, MCYTF, Prairie Ridge, American Cancer Society | Fall 2011 |
| | Offer local smoking cessation programming including support groups, aids to quit and peer to peer counseling. | CGCDPH, MCYTF, Prairie Ridge, American Cancer Society | Winter 2011-2012 |
| | Create prevention messages that work locally. | CGCDPH | Fall 2012 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|--|--|---------------------|------------------|
| Increase by 10%, the percent of records entered into IRIS for Cerro Gordo County 13-15 year olds. BASELINE: 75.3% of population in IRIS. | Identify which medical provider clinics input data into IRIS and those who do not. | CGCDPH | Spring 2012 |
| | Identify reasons why some clinics do not use IRIS. | CGCDPH | Spring 2012 |
| | Communicate regularly with area medical provider clinics to encourage use of IRIS, to assist in auditing and in case management. | CGCDPH | Ongoing |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|---|---|---------------------|------------------|
| Increase the percent of Cerro Gordo County 13-15 year olds individual vaccines and selected vaccination series by 10%. Included are those listed in the baseline data. BASELINE: 3-1-2-1-2 coverage (22%), 3Hep B coverage (87%), 1 Meningitis (48%) 2 MMR (74%), 1 Td (3%), 1 Tdap (64%) and two Varicella (31%) | Assist medical clinics in their audit process. | CGCDPH | Ongoing |
| | Assist medical clinics with case management. | CGCDPH | Ongoing |
| | Provide surveillance for listed diseases and communicate issues to stakeholders. | CGCDPH | Ongoing |
| | Identify marketing strategies to increase awareness of the listed diseases & encourage proper inoculations. | CGCDPH | Fall 2012 |

| Goal | Strategies | Who is responsible? | When? (Timeline) |
|--|--|---------------------|------------------|
| Increase the percent of Cerro Gordo County 13-15 year old females who receive HPV vaccine by 10%. BASELINE: 3 HPV coverage is 33%. | Identify marketing strategies to make more females and their guardians aware of the vaccine. | CGCDPH | Fall 2012 |
| | Administer vaccinations at the Immunization Clinic. | CGCDPH | Ongoing |